



STATE OF INDIANA

MITCHELL E. DANIELS, JR., Governor

Linda Peterson Hamilton, Chairman

WORKER'S COMPENSATION BOARD

402 West Washington Street, Room W196

Indianapolis, Indiana 46204-2753

Telephone: (317) 232-3808

<http://www.in.gov/workcomp>

STATE OF INDIANA

COUNTY OF _____

_____, the undersigned affirms under the penalties for perjury, that the following representations are true: that he or she had been duly admitted to practice law in the Circuit and/or Superior Court of _____ County, Indiana, and in the Supreme Court of the State of Indiana, and is at this time in good standing as a practitioner before said Courts.

(Signature of Attorney)

Printed Name _____

Office Address _____

Telephone Number () _____

Date ____/____/____

Attorney Number _____

E-Mail Address _____